

**STATE OF NEW HAMPSHIRE  
NEW HAMPSHIRE BOARD OF NURSING**

78 REGIONAL DRIVE, BLDG. B

PO BOX 3898

CONCORD NH 03302-3898

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

**Nursing** 603-271-2323

**Nurse Asst.** 603-271-6282

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**DIRECTIONS FOR MEDICATION NURSING ASSISTANT CERTIFICATION**

New Hampshire RSA 326-B indicates no person shall provide or offer to provide nursing-related activities as a nursing assistant without a current New Hampshire license. To be eligible for Medication Nursing Assistant Certification an individual must document the following:

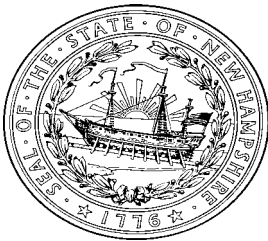
**DIRECTIONS:**

- \_\_\_\_\_ Complete application, sign and date.  
\_\_\_\_\_ Submit a copy of a Medication Administration Education Program Certificate.  
\_\_\_\_\_ Possess a valid and unrestricted nursing assistant license issued by the Board.
- \_\_\_\_\_ Include with application a check for \$10.00 made payable to: "Treasurer, State of New Hampshire."

FEES ARE NOT REFUNDABLE.

***Please note: Failure to provide all the requested information shall cause the application to be returned.***

**APPLICATIONS NOT COMPLETED WITHIN 180 DAYS OF THE FILING DATE WILL BE PURGED**



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**For Office Use Only:**

FEE: \$ \_\_\_\_\_  
REC'D: \_\_\_\_\_  
CK/MO: \_\_\_\_\_

Nursing 603-271-2323

Nurse Asst. 603-271-6282

**APPLICATION : MEDICATION NURSING ASSISTANT CERTIFICATION**

1. Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden) (Other Names Used)
2. Mailing Address: \_\_\_\_\_  
(Street Number) (City) (County) (State) (Zip)
3. Telephone: ( ) \_\_\_\_\_ Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Optional) (Month) (Day) (Year)
4. Medication Administration Education Program: \_\_\_\_\_  
Address: \_\_\_\_\_ Program Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Street Number) (City) (State) (Zip) (Month Day Year)
5. Were any special arrangements made for you during the educational program or testing because of a physical or mental condition? Yes ( ) No ( )
6. Current Employer: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Current Employer Address: \_\_\_\_\_  
(Street Number-) (City) (County) (State) (Zip)
- Job Title: \_\_\_\_\_ LNA License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).**

\_\_\_\_\_  
Full Signature of Applicant

\_\_\_\_\_  
Date of Application

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